Spotlight Initiative

To eliminate violence against women and girls

CASE MANAGEMENT AND REFERRAL PATHWAYS:

A GUIDE TO PROTECT CHILDREN AND TEENS AFFECTED BY SEXUAL VIOLENCE

This handbook was produced by the Centre for Women's Health and Information (CEWHIN) with support from the United Nations Development Programme (UNDP) within the European Union (EU) and the United Nations (UN) funding window for the multi-year Spotlight Initiative to eliminate violence against women and girls.

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INTRODUCTION

The purpose of this Research is to develop a Lagos state referral pathway guideline which will including all relevant tools and technical checklists necessary for the establishment and management of a comprehensive referral pathway mechanism to support adolescent children and youth survivors of gender-based violence (GBV).

This Gender Based Violence (GBV) referral pathways guideline will support effective and smooth collaboration among the multiple GBV and Child protection service providers at various levels from local to state and to the divisional service facilities and in urban settings from ward to zone and city levels.

Presently, the state capacity on comprehensive case management and referral needs to be strengthened in a systematic and more holistic way and should be mainstreamed in the government system to make it a survivor centric comprehensive system sustainable in both development and humanitarian settings in Lagos State.

Problem Statement

The process of reporting and linking applicable services needed by a survivor can be extremely complicated and is often prohibitive for both the survivors and the relevant stakeholders.

Some systems require that a person who has experienced GBV visits a health facility (often at the hospital level), police station, police doctor, and the local magistrate, in order for the claim to be brought to court—with additional steps for children under the legal age of consent. Multiple forms and documents may be required; repeated statements may be requested; and evidence transported back and forth between institutions. In service sites such as health facilities and police stations, there may be limited

confidentiality and treatment in line with human rights requirements and safe guards that can create a sense of safety for children/adolescents and their caregivers. Because there is no place for private discussion; they are asked the same questions by different personnel; and overall they are treated with insensitivity.
In some settings, police reports are legally required before a child or adolescent who has experienced GBV can receive services such as a forensic exam; in other settings, reporting sexual violence to the police is perceived as a requirement for accessing health services, even if this is not required by law. Navigating each step of the process can be a daunting effort. In high HIV prevalence settings, delays and/or non-disclosure can prevent children and adolescents who have experienced sexual violence and exploitation from receiving necessary HIV post-exposure prophylaxis (PEP) treatment.

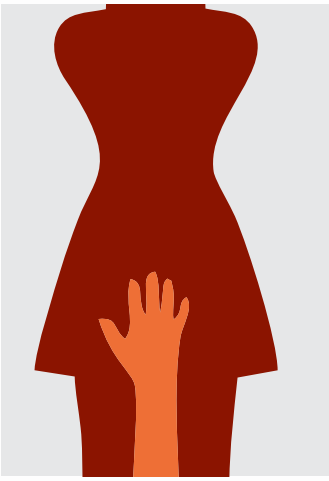
In traditional settings, traditional/community leadership (including faith-based/religious leadership, chiefs, traditional healers, and other community leaders) are often the first point of contact for children and adolescents (and families) who experience GBV. Families may first approach these leaders before seeking medical care and/or reporting a case to police, to obtain their guidance and permission to seek care and/or report. These leaders are often able to establish strong linkages with service providers, with whom they can negotiate and leverage social, economic, and psychological resources; support children and adolescents who have experienced sexual abuse and exploitation throughout their contact with the justice system and, where necessary, during the post-trial period; and shape community attitudes toward sexual violence. While there are many programs working with traditional leadership on prevention and awareness of GBV generally, there are few programs that actively and formally involve traditional leaders in the response network (through formalized protocols, memorandums of understanding or regular meetings with health facilities and others in the network).
In some cases, it is commonly reported that doctors themselves

may avoid identifying cases of GBV against children and adolescents because they are reluctant to be witnesses in court trials. This reluctance may reflect feeling intimidated by the process; lack of confidence in the justice system to protect witnesses; reports of witnesses treated poorly by judges, lawyers, and others involved in the process; and/or concern about the length of time that cases take in court. The reality is that many health providers and managers live and work in the same communities as perpetrators. Fear and reluctance to call attention to cases, and potential perpetrator and/or community backlash comprise significant security issues for providers.

In some instances, it is mandated to assign a social worker to each case of a child who has experienced GBV. In reality, several human resource limitations affect nearly all sub-Saharan African countries. When social workers are available, they are often unclear about their role, unequipped for short- or long-term case management, and unfamiliar with the development and unique needs of children and adolescents.

Multiple assessments and key informant interviews in various countries especially in third world country like ours also reveal serious concerns about police services, including lack of sensitivity or professionalism on the part of police handlers, and corruption that inhibits the delivery of services. In many settings, police receive no specialized service training and limited to no in-service training, particularly for communicating appropriately with traumatized clients, and there are currently no dedicated cadres at police academies specializing in GBV against children and adolescents.

For cases that do go to court, serious inadequacies in the system include: absence of survivor advocates, child focused justice system, witness protection before and after trial, skilled and trained prosecutors, and efficient processing and resolution of cases. Plaintiffs face stigma and discrimination during the court



procedures, including public intimidation resulting from indiscriminate use of journalistic license and access to cases by the media.

SCOPE OF WORK:

The consultant is expected to develop a comprehensive referral pathway guideline which will meet the following objectives to harness the establishment and management of a uniform Referral System in Lagos:

- To review the existing referrals system
- To ensure that Survivors: children and youth, to GBV, receive prompt and coordinated survivor centered response from service providers.
- To ensure that holistic and comprehensive support and services are being provided for survivors of GBV. This will include health, psychosocial support, safety and security, safe accommodation, legal and justice services.
- To ensure adherence to standards of professional practices including survivor centered approach, with regards to confidentiality, information sharing and recording of sensitive information.
- To raise awareness among all key stakeholders providing child protection services about GBV and the Referral Protocol.
- To provide a broad based database of referral pathways in Lagos State.

Mapping of existing referral pathways in Lagos state to understand the challenges and limitations of existing referral pathways and barriers to access GBV services is key to ensuring children and youth have access to the service providers. The result of analysis should inform the proposed referral pathway guideline and include a clear step by step directions including for both NGO frontline GBV workers/officials on how to overcome those challenges and support the both Child Protection and GBV

survivors. The referral package will be proposed based on the context of Lagos state paying attention to two local government – Yaba and Ikorodu and the referral guideline package should be replicable to all the other districts across Lagos;
This research will define and elaborate the protocols of establishment and management of a referral system to ensure survivor center approach applicable both vertically and horizontally within the continuum in Lagos. The protocols, tools and referral checklist will guide the practitioner on who to refer, how to refer, how to function within the system and management, how to work a referral network at various levels, how to coordinate and who to lead the coordination along with a monitoring and evaluation mechanism.

DELIVERABLES:

1. Develop a State Referral Pathway Guideline in the Establishment and Management of a Referral System on Gender Based Violence (GBV) in Lagos through a participatory approach that will engage relevant stakeholders including children and adolescent. The guideline is expected to guide what the referral system will replicate the interagency GBV guidelines and, how to establish and operationalize the system at different levels and how to monitor the performance of the system including coordination (who to led and how) of the referral system.

2. The State guideline will entail standardized package containing the essential elements of the establishment of a referral system technical tools, standard templates and checklists with defined entry points for safe and confidential GBV case management, coordination mechanism of the referral network, roles and responsibilities of the multi-sectoral referral service providers including its focal persons from Domestic and Sexual Violence Response Team (DSVRT)Violence Ministry of Women Affair, Health, Justice, Youth and Social Development.

3. Develop a broad based directorate of all relevant child protection service providers in Lagos State.

Organisational GBV capacity and programming:

Organizations that are signatories to these referral pathway guideline should agree to adhere to a set of guiding principles aimed at ensuring staff are committed to integrating GBV into their work and are adequately skilled to do so; and aimed at ensuring their programmes are child focused and sensitive, collaborative and participatory. Organizations should:

- Integrate and mainstream GBV interventions into all programmes and all sectors.
- Establish and maintain carefully coordinated multi-sectoral and inter-organizational interventions for GBV prevention and response.
- Extend the fullest cooperation and assistance between organizations and institutions in preventing and responding to GBV. This includes sharing situation analyses and assessment information to avoid duplication and to maximize a shared understanding of situations.
- Ensure equal and active participation by women and men, girls and boys in assessing, planning, implementing, monitoring, and evaluating programmes through the systematic use of participatory methods.
- Ensure accountability at all levels to local communities and among all humanitarian actors working in any sector.
- Ensure all staff understand and adhere to ethical and safety recommendations for researching, documenting and monitoring GBV in emergencies and among the different classes of survivors
- Ensure all staff, contractors and volunteers involved in prevention of and response to GBV understand and sign a code of conduct or similar document setting out the same standards of conduct.

Definitions

Referral Pathway is a flexible mechanism that safely links survivors to supportive and competent services, such as medical care, mental health and psychosocial support, police assistance and legal/justice support.

Referral pathway in child protection involves the sharing of mandate among agencies or stakeholders in the sectors of social welfare, health, security and justice, and it involves actions taken by both statutory agencies i.e. such the police, Ministry of Justice as well as non-formal/community actors.

Given the many sectors and stakeholders involved, it is hoped that this document will provide support and assist child service providers to develop a coordinated multi-sectoral referral structure that will strengthen response and prevention to gender based violence among children and youth in Lagos State.

GBV Referral Pathway/Directory

This provides information and details of organisations and specific service providers or professionals and their contact details. The individual or organization who is the first point of contact for the survivor should act in accordance with the referral structure and this includes respecting the freedom of the survivor to withdraw from services at any stage of the process. Information must be provided to survivors on the type of services available and how to access them and refer survivors to those services. Referral pathways differ for organisations that are GBV specialist and those that are not.

Violence against Children

Violence against children affects all children, regardless of age, gender, ability, race, economic status or living arrangement.

It affects children living in family-based care, as well as those living outside of parental care, in high-, middle- and low-income countries and in stable and humanitarian contexts. Evidence shows that globally up to one billion children are affected by violence each year. Across Africa, at least 50% of children between the ages of 2 and 17 years have experienced one or more forms of violence (excluding spanking, slapping and shaking) in all settings. It affects the well-being of individuals, families and communities, and is considered a major global public health problem, that can cost States an average of 5% of GD.

Violence against children exists in many different forms, including physical, psychological and sexual violence. The majority of countries across the globe have criminalized sexual violence against children, with an increasing number of countries criminalizing physical violence, including corporal punishment. A criminal act legally requires that a violation is reported, and that all steps are taken to ensure the case is investigated and, if confirmed, justice is served. However, despite the laws being in place, there is still limited evidence-informed guidance regarding how to ensure an effective and comprehensive response to sexual violence against children.

Children affected by sexual violence should access core health and social welfare support, and services should work together to build a case that can be referred to the justice system. Ensuring that children receive the support they need and that perpetrators are brought to justice requires a strong referral pathway within and across sectors.

Statistics On GBV Among Children

The ENVAC Survey conducted in 2015 by the Federal Ministry of Women Affairs and Social Development and UNICEF in Nigeria show that 1 in every 4 girls and 1 in every 10 boys will experience sexual abuse before the age of 18years.

Certain children and adolescents are more at risk than others: a 2012 Lancet review indicated that children with disabilities are 3.7 times more likely than those without disabilities to experience any sort of violence, and 2.9 times more likely to experience sexual violence and exploitation. Such instances happen in developed and developing countries, in emergency settings, and during peacetime.

Gender based violence against children and adolescents differs from that of adults, and thus cannot be handled in the same way. Such sexual violence is unique due to young peoples' economic dependence, weak social position (especially girls), and gender inequalities, such as high rates of gender-based violence (GBV) and the severe consequences of the HIV epidemic on family and community structures. Similar to sexual violence against adults, sexual violence against children and adolescents is surrounded by a culture of secrecy, stigma, and silence.

Impact of GBV on Children and Adolescents

Sexual violence against children and adolescents is universally condemned but occurs much more frequently than people realize. It is a global human rights violation of vast proportions, with severe immediate and long-term health and social consequences.

Sexual violence experienced as a child and adolescent can have a profound impact on core aspects of emotional, behavioral and physical health and social development throughout life. (Together for Girls 2015).

The Current Dynamics of Referral Pathways

Despite the overwhelming evidence on the prevalence of GBV against children and adolescents, and growing consensus on the need for integrated services and clear referral pathways, there is a limited global guidance for health facilities on how a referral system for children and adolescents who have experienced GBV should function, or what follow-up such a system should include (and much of the guidance and tools that exist focus on humanitarian settings).

Many countries still lack national protocols for the delivery of protection services for children and adolescents who have experienced GBV including protocols for establishing services tailored to children and adolescent needs and for ensuring linkages to the critical short and long-term medical, psychosocial, safety/protection, legal/justice, and other social services.

Children, adolescents, and their caregivers face well-documented challenges to accessing and receiving quality clinical treatment, care and supportive, and follow-up services, including; delays in seeing a doctor at the facility; Doctors and nurses insufficiently trained to address the needs of children and adolescents who have experienced sexual violence and exploitation; Public lack of awareness of health risks associated with sexual violence; Rape kit and HIV test kit stock outs; Lack of privacy at the health facility; Limited coordination and communication among health facility staff, police, and social workers; Lack of immediate or longer term counseling and other physical and psychosocial support; Poor follow up care and referrals and Distance from services, including barriers posed by transportation costs for initial and follow-up services.

Why Strengthen the Referral Pathways for Children and Adolescents who have Experienced GBV?

- To better understand and facilitate linkages with critical social and community services for comprehensive care of children and adolescents who have experienced GBV beyond the clinical examinations.
- To take additional steps to help children and adolescents receive the information and support their needs.
- To facilitate survivor's identification, information gathering and profiling.
- To provide basic knowledge of mandatory reporting and referring Laws in Lagos State
- To contribute to changes in sociocultural norms that perpetuate a culture of violence and silence that can also increase vulnerability.

Essential Elements for Bridging Community - Facility Stakeholders

1. **Start with Community Mapping**

   Conduct community mapping of potential referral points that provide relevant services, including government and non-governmental resources. Determine which resources have stable, long-term funding, and which may be more precarious (this activity could be conducted with other stakeholders). Remember that traditional and informal community structures play a tremendous important role in supporting children, adolescents, and their families; too often these groups are excluded from formal systems.

2. **Hold Consultations with Children and Adolescents**

Hold consultations with children and adolescents themselves to learn about their priorities, needs and gaps. These consultations can give programs insight in how to better serve these groups while fostering informal "word of mouth" about the upcoming available services. Like community mapping, consultations offer an important opportunity to solicit community input; identify social, economic, and physical barriers to services and ways to mitigate against them; and identify opportunities for accessing services. As importantly, consultations create opportunities to learn more about how to support and serve the most vulnerable, such as children and adolescents living with disabilities or HIV.

3. **Invite/Engage Community Advocates**

Invite/engage community advocates conducting prevention/awareness activities/campaigns to regular meetings to discuss ways to better coordinate (i.e., to identify opportunities for advocates to include information about available services in their campaigns; to invite advocates to leave literature regarding violence prevention/awareness-raising literature in the waiting room at your center; to hold monthly meetings with advocates regarding pressing community issues, etc.). This engagement should include both formal leadership (i.e., Community Protection Committees) and informal structures (traditional leaders, those involved in informal justice systems) that engage with children and adolescents.

4. **Incorporate Combined Training**

Incorporate combined training of those in the system, including health care personnel, formal and informal community groups, service site workers, police, and criminal justice system/legal teams. This will help foster a culture of working together, build trust and understanding, and broadly increase capacity in caring for and managing victims/survivors. Mixed training can also help different cadres understand how other sectors function, and encourage dialogue and networking to improve standards of care for children and adolescents.

5. **Conduct Specific Outreach**

Conduct specific outreach with persons who regularly interact with children/adolescents (teachers, pastors, community leaders, sports coaches, etc.), invite them to visit the center/facility and ensure that they know how to handle cases of suspected child/adolescent sexual violence; are familiar with the services offered at your center; and are aware of opportunities to refer children/adolescents. This engagement should include both formal and informal leadership/structures who might engage with children and adolescents.

Referral Pathways and Community/Facility Coordination

Children/adolescents who have experienced gender based violence may enter the system at any of the entry points: reporting a violation to a community leader, or reporting to the police, a medical facility, or a specialist center, with or without their families. In settings where the police and/or health systems may be weak, NGOs are often the first point of contact.

Providing integrated care to children, adolescents, and their families almost always requires referrals to one or more service providers, such as government offices or NGOs, and/or those providing direct services (medical providers, police, prosecutors, social services, community shelters and safe havens, legal advice centers, local clinics, youth and women's organizations, and/or psychosocial support organizations).

All actors involved in care and support for children and adolescents who have experienced GBV are responsible for setting up a strong referral network. Children and adolescents with signs of GBV may first present (or be identified) at a police station, educational institution (e.g., school or university), religious organization, community shelter, or children, adolescent, or women's organizations. Any of these groups can initiate a network to provide more comprehensive services.

The following checklist provides more detailed guidance to help with setting up a referral pathway/coordination network:

Checklist for Referral Network

Among the most critical aspects of setting up a referral network are:

- Identifying the service-delivery needs of children, adolescents, and their families
- Building on existing practices and infrastructure
- Ensuring that all services are in the best interest of the child/adolescent
- Creating institutional buy-in of key stakeholders (from national level policymakers to institutional administrators and service providers).
- Engaging both the formal and informal sectors in the process.
- Aligning services with local laws, policies, and protocols.
- Having standardized tools, protocols and norms throughout the entire network.
- Defining roles and responsibilities of service providers throughout the network.
- Having trained providers at each referral point who are well-versed in the protocols and norms of the referral network.
- Ensuring ongoing capacity development of service providers.
- Building and maintaining safe and ethical data collection and monitoring systems, including case review processes.

1. **Determine what a minimum service package might contain (even if much of the package is aspirational at the moment) and what resources might be available.**

- Consider what services and resources are needed for this network to comprehensively serve children and adolescents who have experienced GBV (initial brainstorming of organizations and services you will need to link with).
- Conduct assessment of internal service offerings and available resources: What do you already offer internally, and what can be built upon?
- Review the basic principles and practice of the legal system

and obligations of legal staff to children and adolescents who have experienced sexual violence and exploitation, and implications in terms of service delivery.

- Conduct community mapping of potential referral points that provide relevant services, including government and nongovernmental resources. Determine which resources have stable, long-term funding, and which may be more precarious (this activity could be conducted with other stakeholders). Remember that there are traditional and informal community structures that can play an important role in supporting children, adolescents, and their families.
- Conduct community-based assessments and/or focus group discussions to get community input; identify social, economic, and physical barriers to services and ways to mitigate them; and identify opportunities for accessing services. If you are unsure of where services are offered, this is an opportunity to find out.
- Hold consultations with children and adolescents themselves to learn about their priorities, needs, and gaps. These consultations can give programs insight in how to better serve these groups as well as foster informal word of mouth about the upcoming available services.

2. Invite/encourage the multidisciplinary stakeholder team to participate

- Ask stakeholders to consider joining network of referral providers, including traditional and informal stakeholders. Hold an introductory stakeholders meeting.
- Agree upon general, network-wide principles for working with children and adolescents. This includes principles for all service providers/agencies for communicating standardized, positive messages to the child/adolescent. All members of the network should commit to putting these principles into action and add them to their memorandum of understanding.
- Adapt or develop a context-specific Minimum Standard

Services Package, based on national/local protocols, laws and norms, and available resources. It may be helpful to also develop an aspirational Minimum Standard Services Package for the future that includes steps needed to achieve the next level, such as advocacy to government or soliciting of funds.

3. Workshop, review, and develop agreed-upon referral mechanisms, including case coordination/case management (standards /protocols).

Develop agreed-upon standards/protocols for referrals, case management coordination, and case coordination. These standards should be based on already developed national guidelines and/or protocols. This includes:

- Identifying the lead case management agencies.
- Specific responsibility for actions made in case response (case managers, victim's advocates, other actors)
- Protocols for case managers and supervisors
- Protocols to support case managers, also covering difficult cases and case coordination meetings
- Determining when and how referrals should be made and documented (use of a form, verbal, other means).
- Determining what type of referrals can be accepted and under what circumstances (e.g., if a referee service only works with youth under a certain age).
- Establishing a process for case conferencing using a multidisciplinary team approach to care review and case planning.
- Specifying the type of information that can be shared between agencies, professionals, and family members.
- Determination of when a case is considered closed.

4. Formalize relationship between referral institutions/sign Memorandum of Understanding

*This step can happen earlier; however, the details require many discussions, so it may be useful to go through that process and then finalize the memorandum of understanding.

- Document the memorandum of understanding details including:
- Expectations and client-centered norms for all agencies, professionals, and volunteers in the network.
- Service provider agreements that outline referral and information-sharing protocols.
- Agreement on case management protocols.
- Agreement on guidelines for interacting with clinical, legal, and other reporting systems.
- Guidelines on monitoring, information-sharing, and quality assurance protocols.
- Expectations/guidelines on regular referral network meetings.

5. Develop short- and long-term staff development plan

- Even if all the managers/heads of services agree on the protocols/steps outlined above, their staff still need regular training. Work as a network to develop a practical curriculum and determine how staff can be trained in a cost-effective manner. Call upon resources already operating in your area, such as other donor-funded programs and professional associations already offering training.
- Develop a plan for ongoing and refresher trainings so that service providers have and retain the knowledge, skills, attitudes, and tools to use referral pathways, reporting agreements, and information-sharing protocols.
- Develop a curriculum and plan for self-care, since professionals and volunteers working in this field are at risk for secondary trauma.

6. Ensure that monitoring and evaluation plans, including accountability mechanisms, are in place

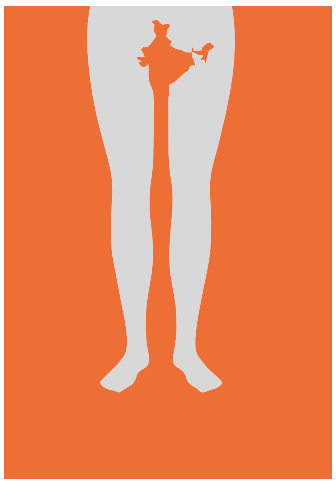
These may include:

- Referral pathways and reporting agreements are used properly.
- Information-sharing protocols used properly.
- Processes for client feedback are in place.
- General quality assurance processes are in place to maintain quality.
- Mechanisms exist to hold all stakeholders accountable to their mandates and ensure efficient services.

7. Develop and finalize forms and materials

This may include:

- Client posters and other information for display.
- A clear referral directory for all members of the network
- Standardized referral forms
- Pamphlet with information available for clients (i.e., client manuals, pocket-size lists of useful phone numbers, checklist of services so clients can see if they have received all the services they need for proper care and support, and any other forms/tools/items to give to clients to take home)
- Making sure that copies of police forms and forensic reporting forms are readily available.



Response Services for Children and Adolescent Survivors of GBV

1. **Medical/health care Services:**

   Medical Interventions to address physical and reproductive health consequences and injuries resulting from GBV incidents. This includes Clinical Management of Rape (CMR) within 72hrs with post rape kit, including Post Exposure Prophylaxis (PEP) and Emergency Contraception (EC) within 120hrs

2. **Mental Health:**

   Clinical treatment for mental disorders resulting from GBV incidents. This response requires specialized services delivered by qualified mental health professionals.

3. **Psycho Social Support including Case management:**

   Are services or support to GBV survivors to recover from emotional, psychosocial and social effects of GBV including not limited to crisis care, longer term emotional and practical support and information. This includes psychological First Aid to gain necessary stability for rational decision-making, psychological counseling from trained persons or professional to overcome stress, trauma and depression and Case Management (CM). CM process involve social workers/case workers supporting survivors to assess their multi sector needs (health, mental health, legal, safety and security, livelihood etc.) and accompanying them to other services through referral pathways with the consent of survivors. Case management process involves follow up actions.

4. **Psycho Social Support including Case management to GBV Child survivors:**

Services or support offered to GBV child survivors to recover from the harmful emotional and psychosocial effects of GBV. This include psychological First Aid (PFA) to gain necessary stability for rational decision-making, psychological counseling from trained persons or professionals to provide care to child survivors to overcome stress, trauma and depression and link survivors to child friendly spaces or activities. It also includes case Management involving the childcare givers in assessing the child survivors' needs (health, mental health, psychosocial support, reunification, legal, Education, safety and security, livelihood etc.) and referral pathways with the assent of the child and consent from caregivers in line with the best interest of the child principle.

5. **Legal assistance services:**

Provision of Legal Assistance services that can promote or help survivors to know their rights, claim their legal rights and make informed decisions with respect to seeking justice.

6. **Safe Shelter:**

Safe houses/shelters are places that provide immediate security, temporary refuge, and support to survivors and their families in imminent danger who are escaping violent or abusive situations or are at risk of further violence and who wish to be protected through safe shelters, police or community security and relocation. This Shelter should be staffed by professionals and their location should be confidential

7. **Economic Empowerment/Livelihood Services**:
Skill Development, capacity building or provision of cash, resources to enable survivors and vulnerable persons to gain knowledge and skills to seek employment or begin an activity that will provide them with income and empowered them. These activities aim at reinforcing survivors and vulnerable persons' access to resources and economic opportunities to reduce their dependence for their basic needs, protect their dignity, and reduce risks of exploitation.

8. **Emergency Basic need support:**
Include provision of any food or nonfood items (NFIs) including dignity kits, provision of cash for basic needs to help restore survivors' dignity. This support include one or several of the following: provision of food, spices for daily cooking materials, water and latrines supplies, supplies for shelter, firewood, recycling products, solar lanterns, clothing, baby items and emergency cash assistance.

9. **Safe Spaces:**
Safe Space where women and girls can go and feel physically, emotionally safe and comfortable during the day and enjoy the freedom to express themselves without the fear of judgment or harm.

Integrated Multi - sectoral Response to GBV

- It is important to note that all these approaches have major potential shortcomings, including but not limited to expenses, limited reach into the community, range of services offered in both the short and long term, and human resource constraints. Any decisions about the appropriateness of various models must apply to the particular setting and be informed by local needs and financial and human resource capacities. In all cases, even in well-resourced settings, managers/implementers are encouraged to clearly and honestly identify existing or potential shortcomings/challenges (in an ongoing manner), and to work with their networks and supporters to best identify locally-feasible and long-term solutions to those challenges.
- There is a widespread need to enhance clinic and community linkages to respond to the high rates of GBV against children and adolescents. What we need is to have child protection structures at the community level because many of the cases are not coming out and being reported. The communities are very silent about these issues and people are afraid of the implications of bringing up these issues. There is a strong culture of handling the cases at a local level through traditional justice.
- The exact nature of these roles and responsibilities will vary from setting to setting, depending on local laws and protocols. It is suggested that programs develop locally relevant job descriptions with roles and responsibilities for each cadre of the response system.
- Effective multisectoral response mechanisms require a multi-disciplinary team of professionals from the medical, social, psychological, criminal, legal, and educational fields. While all team members may not be involved in every case, it is important that this team work collaboratively and in the best interest of the child or adolescent.

Identification of Survivors and Disclosure

Disclosure is when a child/survivor chooses to share his/her GBV incident to someone while identification refers to the situation where other persons inform service providers that a child another individual has experienced GBV.

Disclosure could be to anyone including family members, friends, peer, Community leaders, School teachers, Police or Security personnel, NGOs/CBOs/FBOs, Healthcare providers or anyone whom the survivor perceives can be of help.

When an actor who is not a GBV specialist receives a report identifying someone as having experienced violence, they should contact a GBV specialist who has experience in implementing appropriate steps and follow-up. A survivor has the right and freedom to report a GBV incident to anyone he/she chooses.

Actors in non-GBV areas are the entry point to GBV referral pathways for survivors who disclose GBV incident and need referral. It is therefore important that all actors understand and comply with this disclosure procedure.

If at the point of entry, the Actor who is not a GBV specialist is unsure of how to proceed, he or she should consult a GBV specialist without disclosing identifiable information about the survivor's situation; and in situations where a GBV specialist is not available, such should follow guiding principle being proposed in this Procedure.

All organisations and actors, including those that are not specialised in providing GBV services should prepare and train their staff/volunteers on GBV guiding principles and standard operating procedures relevant to their specialization.

Handling Disclosure:

In handling disclosure from a survivor of GBV, an actor should be mindful of the following:

- GBV survivors' needs are numerous; therefore, coordination amongst service providers is important in meeting these needs. Service providers must maintain functional referral system to be able to provide timely access to quality service for survivors.
- Actors have the duty to provide objective and comprehensive information on services and options available in the community to survivors who approach them. It is essential that the full range of choice for support services should be presented to the survivors regardless of personal beliefs.
- The Actor may refer survivor, as he/she requests, to service providers as per the agreed upon referral system in Lagos State including health, psychological, security and legal services and should provide assist the survivor through the referral process in the service provider. For example, the Actor should escort the survivor to the referred service provider or facilitate the survivor's access.
- In cases of sexual violence and/or bodily injuries, health assistance is the priority, particularly the first 72 hours. Assistance rendered from case to case must be in accordance with best practices or relevant Guidelines. For example, assistance rendered in the case of rape should follow the WHO Clinical Management of Rape Guidelines which may include emergency contraception and post-exposure prophylaxis for HIV.
- Service providers should inform the survivor of what assistance they can offer and clearly relate what cannot be provided or the limitations to services, to avoid creating false expectations.

- All service providers in the referral network must be knowledgeable about the services provided by any actor to whom they refer a survivor.

Children must be accompanied to all services within the referral pathway.

Building Referral Pathways for an All-Inclusive Response

Child Protection Service Providers

Child Protection Service Providers are worker or actors (government, non-governmental organisations) who through their services ensure protection for children who are at risk or are experiencing neglect, physical, sexual or emotional abuse.

Child Protection Service providers in Lagos State are:

- Police and other Security Agencies
- Medical Facilities (selected private and government owned)
- Ministries of Youth and Social Development
- Ministry of Justice
- Judiciary
- Ministry of Health
- Ministry of Education
- Non-governmental organization.

Referral Data Based Directory

It is important that the various categories of actors in the GBV response should have a comprehensive data based directory for easy and accessible referral pathways. In achieving this therefore, the various sectors within the actors:

- Must be aware of the assigned police station covering its area to which referral can be made when needed and should maintain an active link with the local police station.
- Should create a Referral Data Base Directory and it can include services and professionals related to:
    a. Legal AID
    b. Medical Aid
    c. Police Stations and Area Commands
    d. Financial Aid Services
    e. Mental Health Services (psychologist/psychiatrist)
    f. Correctional Homes
    g. Government shelter
    h. Private Orphanages and Shelters/
    i. Community-based and national NGOs
    j. Institutions dealing with chemical/drug dependency and rehabilitation
    k. Hospitals – government and private within the actor's vicinity
    l. Vocational Training Institutes
    m. Social Welfare department
    n. Schools in the area
    o. Local Government Officials

- Should create linkages and rapport with the media to ensure prompt support for the cases where survivors choose to share their stories. In doing this, all the guiding principles for survivor-centered approach should be observed. The privacy and anonymity of the survivor and persons related to them should be respected. As such, photographs of survivors should neither be taken nor made public.
- Should create and maintain active link with local government, hospitals (primary and secondary healthcare facilities).
- Should network and keep robust relationship with other GBV and non-GBV service providers.
- Visit those identifiable referral services to assess their facilities, qualities and sensitivities to survivors, particularly, women and children and issues affecting them.

- Make sure that the Referral Directory is regularly updated and re-referrals should be made on the basis of feedback from referred survivors.

Where necessary and possible, have a formal Memorandum of Understanding (MOU) signed with referral services/professionals. Please refer to appendix 'A' for comprehensive referral data based directory in Lagos State.

Forms of Referral Pathways

It important to note that referral pathways are not a straight and stereotyped processes. Each of the steps are interlinked and may at some time require a return to an earlier stage, therefore, child protection workers should constantly analyze the situation of child clients and their families; and flexibly use the referral pathways to guide and to organize their work.

Different Dimensions of Referral Pathways

Referrals / Entry Point :

Risk Levels of VAWG
Level 1 – High Risk that requires emergency attention
Level 2 – Medium Risk that requires urgent action
Level 3 – Low Risk requires action but not urgently
Level 4 – Reasonable Suspicion

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Survivor/Family	Survivor/Family	Survivor/Family	Survivor/Family
Community/ CBO/NGO	Community/CBO/NGO	Community/CBO/NGO	Community/CBO/NGO
Medical Services	Social Welfare	Social Welfare	Social Welfare
Police/Social Welfare/ Legal Services/Justice/ Judiciary	Police/Legal Services/ Justice/Judiciary	Police	Police (where necessary)
	Medical (where necessary)	Medical (where necessary)	Medical (where necessary)
		Legal Services/Justice/ Judiciary (where necessary)	

Statutory and Secondary Mandate:

It is important to note that in our context, there are institutions with a statutory mandate to undertake specific steps in the management of different child protection issues. These are government agencies that by the virtue of the laws creating them have the responsibilities to certain duties.

Conversely, organisations with secondary mandate are those who have been registered with have been appropriately incorporated to provide services but are not creations of law.

It is therefore, important for child protection service providers with a secondary mandate to link and work closely with statutory institutions to ensure timeliness and quality of case management in accordance with the legal procedures. The fact of each case, the nearness and relevance of these service providers, determine which of the service providers to be approached.

Identifying Children In Need Of Protection Services

Child protection cases can be identified through reports made to different authorities from children, family and community members. However, the Children Act does not criminalize the failure to report a case of child abuse or neglect. This as well as several factors undermine reporting of violations by children and their families. Consequently, there is a need for deliberate effort by all child protection duty bearers to proactively identify children in need of protection services and refer them to appropriate service providers. Civil Society Organizations (notably NGOs and FBOs) field officers in child protection and other sector programmes.

Other potential identification points for children in need of protection services are schools (by teachers), health facilities (by health workers) and community (by Local councils, community based organizations, community volunteers etc.

Irrespective of the manner in which a child in need of protection has been identified, child service providers must have a clearly outlined vulnerability criteria to guide the identification process.
Key issues such as: Gender, disability and environment dimensions are key in identifying children at risk of abuse. The child's living environment (house and neighbourhood), the sex of care giver, attitudes of household members about child protection of children and the current relationships, social status of parents
It is the duty of an adult that comes into contact with a child to observe such signs and to take an interest in establishing more information from the child (if old enough) or people around the child, on the child's situation.

CASE MANAGEMENT

Case management and referral mechanisms are the "glue" that binds populations affected by gender based violence with services.

Follow-up care and support is perhaps the most challenging aspect of providing appropriate care and support for children and adolescents who have experienced gender based violence. Case management can improve coordination and integration between and among sectors, facilitating the delivery of multiple services and helping clients navigate complex and disparate service delivery systems. Strong case management is critical to enabling children, adolescents, and families to manage the myriad of services and appointments they need, in the immediate and long term, to facilitate their own healing.

Case management, also referred to as care management or care coordination, involves those who have experienced GBV (and their families, if applicable) in a collaborative process of identifying, planning, accessing, advocating, coordinating, monitoring, and evaluating resources, supports, and services; and subsequently helps these clients to obtain the constellation of services that meet their needs.

While this document does not provide details about the many different models of case management, this section provides the

basics of what a system might entail.
While social workers take the lead on the case management in some settings, in many places no social workers are available. When social workers are present, they are often overworked, undertrained, and ill-prepared to handle the caseload of child and adolescent sexual violence and exploitation. Some programs have adapted to the dearth of social workers by training and incorporating other cadres into their programs ranging from counselors, GBV caseworkers, victim's/survivor advocates, to "buddies" to serve as the essential, consistent link between a young client (and family) and services, and to provide primary case management services. In other instances, countries have chosen to train more social workers and/or provide additional training to lower-level social workers.

The primary role of a case worker is to:

- Support and advocate on behalf of the child and family
- Be the child and family's main point of contact for assessment of needs
- Support care and treatment goals and plan interventions to meet needs
- Provide, coordinate, and follow up on the provision of services.

Regardless of the level of training, education, or certification, the following are important considerations for supporting this cadre.

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- Ensure that the case worker is the person who, from the first point of contact until a case is closed, is the child/adolescent's main contact (to minimize ongoing re-traumatization by having to see multiple service providers). The Victim Advocate on duty becomes the client's "buddy" for the duration of the case and is responsible for the holistic management of all aspects the case until its conclusion (i.e., trial is over, counseling sessions completed). This includes home visits, PEP monitoring, liaison with the police, referrals and support for psychological care, and court preparation.

- Explain the case worker's role and service(s) available to the child/adolescent and family, including the meaning of

confidentiality, instances when information will not be confidential, and how information will be stored. This should be handled with great compassion and consideration, because for a person who has been assaulted, meeting with a kind, considerate, and caring person in the (health) system can have a profound positive impact and goes a long way to helping the client manage and cope with the event.

- Assess the client's health, safety, psychosocial, and legal/justice needs. Case managers must identify the risks to the child/adolescent and the family's attributes and challenges using developmentally and culturally appropriate tools. Ideally, the caseworker has simple assessment tools to help with these processes.
- Understand that identifying a child/adolescent and family's strengths, needs and resources, and available community support mechanisms, is an ongoing process. Since needs evolve over time and community resources may change, case managers should have access to updated resource maps and seek ongoing feedback on whether interventions have helped the child/adolescent to heal and supported the family's needs or strengths.
- Accompany the child/adolescent (and family, if appropriate) to the police, health, psychosocial, and other services.
- Lead meetings with service providers and share information (as appropriate and per informed consent and confidentiality protocols) so the child/adolescent does not have to repeat his/her story multiple times.
- Conduct other interventions (depending on the case worker's mandate), including: o As appropriate, meeting with the family to discuss issues and helping them access support to Sharing tools and techniques for reducing stress and anxiety with the child or adolescent o Advocating for the child/adolescent (with police to take protective measures, for safe housing, and for addressing other needs).

Convene ongoing case conferences and case reviews so that all professionals working on the case can share their findings; and then involve the non-offending care givers and child/adolescent in the decision-making for their next steps.

Case Assessment

Upon registration for case management support, the next step is to undertake a systematic assessment of the child's situation. The assessment should consider two aspects; the vulnerabilities (risks and harm) as well as the strengths of the child and the family (protective influences and resilience). The assessment may be organised into phases:
The first phase may be initial assessment which is aimed at identifying the immediate risk areas to inform priority rescue actions and thereafter a commence comprehensive to generated an in-depth assessment of the child, and generate information to guide the development of a case plan for intervention and evaluating the nature of service that can adequately address the child's needs.

Factors that should be considered in evaluating services to which a survivor will be referred are:

- **Presence**: Whether the service is regularly available and fully functional.
- **Geographical Location**: The proximity of the service to the survivor.
- **Accessibility**: How the survivor and/or communities can access the service freely, safely and confidentially.
- Availability: The forms of services available
- **Accountability**: The persons/group responsible for following up the service.

Case Planning

Planning for case management is critical to ensure positive outcomes. A case plan lists the needs identified in the assessment and sets a strategy for addressing them through direct service provision and referral.

Elements of a case plan include:
Specific

- Measurable
- Time-bound
- Case objectives

- Specific actions agreed upon to address the key child protection concerns,The responsibility persons(s) and
- Date for the results.

A case plan should be revised if a child's situation or needs changes. To monitor children's circumstances or changes taking place as a result of case management interventions, the caseworker has to be in constant contact with the child and the child's family.

It is important for child protection worker to note that depending on the nature of the child protection issue at hand, case planning for cases of a criminal nature such as murder, and defilement must be done under the supervision of institutions with a 'statutory mandate' for child protection.

These include the Police (Child and Family Protection Unit, Sexual Gender Based Violence Unit, Criminal Intelligence and Investigations Department); the Domestic and Sexual Violence Response under the Ministry of Justice.

Case Registration

Case registration includes initial intake and collection of personal and family data when a child meets the vulnerability or risk criteria and the child or their family gives informed consent/assent to the support services.
The information collected at the case registration stage includes:

- The child's personal details, including name, sex, age, and case management history
- The child's current care arrangements
- The protection concerns
- The child's wishes
- The Caregiver's opinion
- Priorities for immediate action

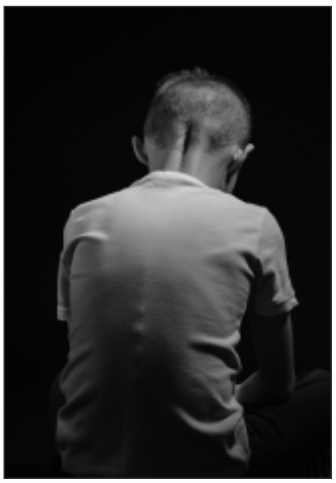
Case Implementation

Implementing the case plan involves the provision of direct services and referral to other agencies/service providers, deemed as appropriate. A child service provider is responsible for coordinating all of these services for the client.
The child service provider should document progress, and ensure that the objectives in the case plan are being met. Effective implementation of case plans is dependent on well supervised, experienced, trained, and where possible, qualified social workers who have the time and resources to carry out their work.
Human resource capacity is therefore a core issue for agencies offering child protection services.

Prosecution- The Police, Law Officers and the Court

The prosecutorial authorities play the very important role of serving justice and making sure that the law takes its full course. Lagos State in 2017 established special offence courts for the purpose of trying sexual offences, prioritizing and protecting the interest of children and their families. These roles are:

- Hear and determine applications for child care orders
- Hear and pass orders on all child protection cases. This may include all civil and criminal offenses committed by children
- Ensure that the best interests of children are taken into consideration in the Court proceedings and orders, and that children have the fullest opportunity to be heard - and to participate in the proceedings.
- Identify children at risk of harm in any proceedings before the Court.
- Hear criminal proceedings on child protection cases within its mandate



Follow up and Review

The role of the government and NGO here is targeted at the child survivor and is to provide psychosocial support to rehabilitate and reintegrated the child after offender has been prosecuted.
The social worker and NGOs in the performance of this role are the last mandate. Their other roles include:

- They give support to the survivors throughout the court proceedings.
- Provide shelter for children at risk while the process of tracing their parents/ guardians is on-going
- Pay for medical costs for cases requiring medical examination and treatment.
- As well as trace families of separated and unaccompanied children and reintegrate them with their families.

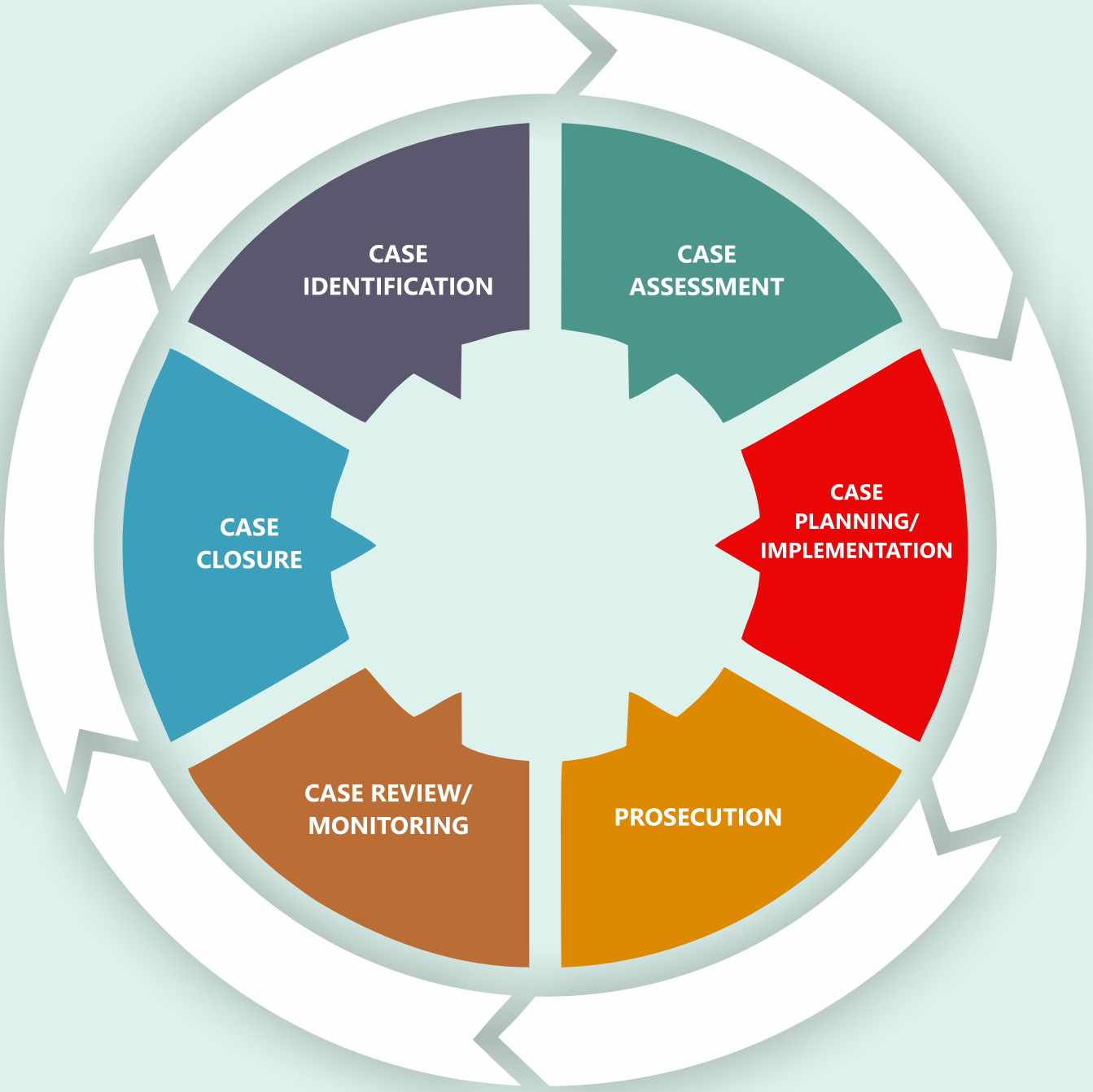
Our position that the social workers and non-governmental organizations are the last mandate is without prejudice to the primary mandate of the government child protection derived from their executory legislative and implementary roles.
Therefore government and non -state actors should work together to cooperate and build linkages within the community to strengthen child protection and achieve the objective of eradicating gender based violence.

Case Closure

Closure of cases is the last, yet very important phase as it determines how case work efforts over a given period of time are eventually concluded.
Case closure refers to the point at which case management ends. Case closure should be well planned within the case plan and well known by the client in advance that at an appropriate time, the services of a child service provider will come to an end. Case closure can be a result of several reasons:

- The child protection issue is resolved as per the case plan
- When the child client attains adult status
- When the child client dies or loses interest in the case.
- The case management agency transfers the child client to another organisation for instance
- The child has moved to a location outside the child care service provider agency catchment area
- A child care service provider or an agency is no longer best placed to manage the child's case, especially in complex cases. The client has made a request for a transfer
- The transfer of a case indicates that the full responsibility for coordination of the case plan, follow up and monitoring of the child, is being handed over to another agency or department. This is different from case referral, where these responsibilities remain with the original child care service provider.

Cases should not be closed immediately after the plan has been concluded, but after a set period of time during which several monitoring visits take place to ensure the child's sustained well-being. Case closure does not mean that all documentation should be erased as cases can be re-opened at any time whenever new information becomes available or the child's situation changes.


CASE IDENTIFICATION
CASE ASSESSMENT
CASE PLANNING/ IMPLEMENTATION
PROSECUTION
CASE REVIEW/ MONITORING
CASE CLOSURE

Reporting and Referral

This deals on what GBV and non-GBV service providers can do when a survivor reports an incidence of GBV to them. In providing services, providers should take note of the following:

- GBV actors must maintain functional referral systems that will provide timely access to quality service for GBV survivors.
- In creating and maintain referral structures, it is important that the survivor should be able to have access to service provision through any entry point of his/her choice. There should not be a designated first point of contact; rather, here should be multiply entry points from which the referral system proceeds.
- The service provider that receives the initial disclosure from the GBV survivor should recognise that the survivor has the freedom to choose whether to seek assistance, the forms of assistance, and from whom to seek the assistance.
- Service providers should clearly provide information to the survivor on the assistance they can render and those they cannot render so as that the survivor does not have wrong expectations of them.
- All service providers within the referral network must be aware of the services being provided by others to whom they refer a survivor, whether or not they are first point of contact for a survivor.
- Children must be accompanied to all services within the referral pathway.
- There should be a 24-hour (including weekends) all round service provision of accommodation for child survivors.
- Children in need of temporary accommodation should not be denied under any procedural guise. Immediate needs of such a child survivor should be the overriding consideration. Perfection of process can always be done after the immediate safety and security of the child has been ensured.

Information sharing during Referral: Consent and Confidentiality

During referrals, actors need to share information about the survivor and the GBV incident. However, such information is extremely sensitive and confidential, and needs to be well managed. It is not impossible that such information can have serious and potentially life threatening consequences for the survivor and those assisting him/her. The survivor has the right to control how the information about his/her case is shared and with whom it is being shared. Further, his/her consent must be obtained before steps are taken in handling the GBV incident being reported. Asking for informed consent from the survivor means asking for permission to undertake any action (including referral) and to share information about them to others. The informed consent of the survivor should also always be obtained in sharing of information and such information should also be kept confidential by the forwarding actor and the receiving actor

Informed Consent

Informed consent can only be said to be given when an individual agrees to participate in an activity or to allow something to occur after he/she has knowledge of or has received all the information about the activity. For the consent to be termed informed, the individual must:

1. Have all the information needed to reach such consent;
2. Be of legal age to make or give the consent;
3. Have mental capacity to understand the agreement and the consequence;
4. Must possess equal power relation with the person asking for the consent.

In obtaining the informed consent of a survivor, actors must ensure that:

- All relevant information and options are made available to the survivor (or in the case of a child, the parents/trusted caregiver/guardian) in order to give his/her informed consent. This information should include the implications of sharing information about case with other actors and the options/services available from the different agencies.
- All possible pros and cons of the situation are discussed.
- Consent is given voluntarily without any force or coercion.
- It is obtained by an individual that the survivor is comfortable with.
- It is taken in a place where the survivor is comfortable.
- Consent should be taken in writing where legal and medical services are provided.
- Informed consent from minor survivor would need to be taken in consultation with
- Parents/guardians (non- perpetrating) who are acting in the best interest of the child.

There is no consent when agreement is obtained through the use of force, fraud, abduction, coercion, manipulation or misrepresentation. Also, there is no consent when threat to withhold benefit to which the survivor is entitled to is used and/or a promise is made to the survivor for further benefit.

However, in very exceptional circumstances, informed consent of the survivor can be done away with especially when:

i. A survivor is suicidal.
ii. A survivor threatens to seriously harm other people.
iii. Child abuse or neglect is suspected, and it is in the best interest of the child
iv. When mandatory rules apply.
v.

When a survivor does not give consent, his or her information should not be shared with other organisations or service providers, but such survivor is still entitled to receive appropriate and timely care.

Mandatory Reporting

A survivor has the freedom and right to disclose or not, and this should be respected. However, there are instances in which a person receiving a GBV report is required to report. One of such is incidents of sexual exploitation.

- All actors should be familiar with the relevant Lagos State law and policies and their organisation's internal policies regarding reporting cases.
- Service provider should inform the survivor about the duty to report certain incidents in accordance with laws or policies or if there are concerns for the safety and security of the survivor.
- Service provider should explain the reporting mechanism to the survivor and what they can expect after the report.
- The incident should be reported with the survivor's consent.
- The informed consent of the survivor should be obtained, although the survivor has the right not to be involved in the reporting and investigating process of the case. When the survivor wishes not to be involved, referral should be made concealing his/her name and identity while access to service should still be prioritised.

Media Reporting

Publicity or media reporting is not the usual course of response and can be used only in exceptional instances where it will add meaningful value to justice and healing of the survivor. In giving publicity to any GBV case, a service provider must ensure that the survivor is at the stage when he/she can make an informed decision about being involved in or granting permission to such media reporting. Instances when media reporting may be useful is when some survivors decide to help break silence and assist others. Further, publicity can be used when the survivor requests for it despite being informed of the possible

negative repercussions.

The following considerations are recommended before going ahead with media reporting or publicity:

- Before a report is made to the media, the written consent of the survivor (or non-offending family member) must be obtained and the survivor should be adequately informed of the possible implications of revealing their case to the media.
- In case a public statement is required to be made regarding a case, any such statement should be given with both the verbal and written consent of the survivor (or non-perpetrating parents or guardian in case of children). The service provider should appoint one staff member who acts as the focal point of contact with the media.
- The survivor must never be used for advancing the interest of the activist(s)/supporter(s) or the service provider(s) or organisation(s). Using a survivor in such a manner is highly unethical; and it is also a form of exploitation and must never occur.
- Stories or image that might put the survivor, his/her siblings, peers and other concerned relatives at risk, should not be published, even when identities are changed, obscured or not used.
- When names and images of survivor are not used in the media, details that will easily give away his/her identities such as address, school, etc. should not be used.
- Ensure that the media do not further stigmatize any survivor; avoid categorisation or descriptions that expose a survivor to negative reprisal – including additional physical or psychological harm, or to lifelong abuse, discrimination or rejection by their local communities.
- When there is a press conference or media interview, survivor should be prepared for possible kind of questions and also be apprised of his/her right to refuse questions he/she does not wish to answer.

External Reporting

Reporting to other external actors and organisations e.g. progress reports to donor, policy papers, or government should be done adhering strictly to the guiding principles about privacy and confidentiality. Such reports should not contain confidential and identifying information about survivors. Also, such report should not contain information that may pose as risks to safety and security of the survivor and service provider, if it gets into the wrong hands.

Guiding Principles:

Guiding principles are the broad philosophy that forms the bases and outlook on which actors may make interventions in GBV. They create the culture and value that direct actors' interactions with victims/survivors and other stakeholders in GBV. Although principles are not enforceable in law, they may have attained international recognitions as best practices and ethical guidelines.

Guiding principles are also usually extracted from human rights instruments and help the development, implementation and monitoring of GBV interventions.

Failure to abide with these principles can have grave and harmful effects on GBV survivors such as increasing their shame, distress and social isolation and further exposing them to more violence. Actors should, therefore, adhere to these sets of principles as they work to cooperate and assist each other in preventing and responding to GBV cases.

The Survivor-Centered Approach

The survivor-centered approach is a set of principles and skills applicable to all actors irrespective of their roles in preventing and responding to GBV. The approach ensures that survivors have access to appropriate, accessible and good quality services such as healthcare, psychological and social support. This approach aims at providing a supportive environment for the respect of survivors' rights and their dignified treatment. It helps in promoting the survivor's recovery and strengthens his/her ability to identify and express need and wishes; it also reinforces the survivor's capacity to make decisions about possible interventions. Actors applying a survivor-centered approach prioritise the rights, needs and wishes of survivors; hence, it is also a human-rights based approach.

A survivor-centered approach recognises that every survivor:

- Has an equal right to care and support.
- Is different and unique.
- Will react differently to their experience of GBV.
- Has the right, appropriate to his/her age and circumstances, to decide who should know about what has happened to him/her and what should happen next.
- Should be believed and treated with respect, kindness and empathy.

Using the Child/survivor-centered approach, actors should:

1. **Validate the survivor's experience**- it is important that survivor know that his/her story is believed and that he/she is not judged or blamed.
2. **Seek to empower the survivor**- the survivor is placed at the center of the helping process with the aim of empowering them to regain control over their bodies and minds.
3. **Emphasize the survivor's strengths**: the approach seeks to understand and build upon a survivor's inner and outer resources and the inherent resilience.

4. **Value the helping relationship**- it emphasizes that a helper's relationship with a survivor is a starting point for healing. All encounters with survivor must be viewed as an opportunity to build connection and trust.

   The main guiding principles are **respect**, **safety**, **non-disclosure** and **confidentiality.**

Respect

A GBV survivor's dignity has been assaulted through the incident; therefore, actors should endeavor to restore the dignity of the survivor. Failure to respect the dignity, wishes and rights of survivor can increase the feelings of helplessness, self-blame and shame of the survivor. Actors should therefore adhere to the following principles:

- Respect survivors' dignity, wishes, choices and rights.
- Do not blame survivor for attracting violence to him/herself and believe his/her story.
- Interviews should be conducted in private settings.
- Ask only relevant questions.
- Interviewer should be patient and not press for more information when the survivor is not ready to volunteer such information.
- The survivor's choice to keep certain information confidential should be respected, until the time he/she wishes to disclose such.
- Female staff should conduct interviews and examinations for female survivors, including translators.
- Male survivors should indicate his preference of a man or woman to conduct his interview.
- Female staff is usually the best to interview and examine small children.
- Avoid asking survivor to repeat story in multiple interviews.
- Simple language that the survivor understands should be used.

- The same Case Manager should handle the survivor's meetings and interviews throughout his/her case management process.

Safety

This refers to the physical, emotional and psychosocial safety of survivors.

- Safety and security of the survivor and that of his/her family, where applicable should always be ensured.
- Maintain consciousness of the safety and security of service provider and any other persons helping the survivor such as friends, family members, healthcare givers etc.
- In documenting, reporting, monitoring and case management, ensure that the risks are not greater that the benefits to the survivors.
- Service providers should bear in mind that a survivor may be at further risks from the perpetrator, people protecting the perpetrators and members of the survivor's family due to notion of family 'honour'.

Confidentiality

Confidentiality should be maintained through strict information sharing practices that rest on the principle of sharing only what is absolutely necessary to those involved in the survivor's care with his/her permission.

- Respect the privacy of the survivor and his/her families at all times.
- Information obtained from survivor should be kept confidential at all times.
- Informed consent of the survivor must be obtained before his/her information can be share.
- For purposes of help or referral, when informed consent of survivor is obtained to share information, only pertinent information should be shared.

- In the instance that the survivor cannot read and write, an informed consent statement should be read to him/her and a verbal consent should be obtained.
- All written or recorded information of survivors must be securely kept against unauthorised access.
- If any report or data are to be made public, name, address etc should be withheld in the compilation, reporting and sharing of data.
- Ensure privacy before interviews starts with survivors. A secured and conducive environment that will give the survivor the sense of safety, security and privacy.
- Accurate information on available services, access to such and the potential risk and consequences of such services should be made available to survivors.

Non Discrimination

Every survivor has the right to the best possible assistance without unfair discrimination, therefore:

- There should be no discrimination in all interactions with survivors and in all service provision.
- Survivors should be fairly and equally treated irrespective of nationality, ethnicity, religious, cultural and sexual orientation.
- Survivors should be accorded the high level of regard; condescending, judgmental or disrespectful attitude should never be shown to individual or his/her person, culture, background, family or situation.

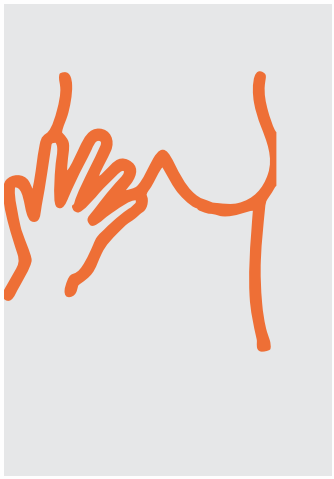
Guiding Principles for Working with Specific Survivors

In addition to the guidelines provided above, more guidelines and principles should apply for these categories of GBV Survivors in providing response and services to them.

Children

- The **Best Interest** of the child should be the overriding consideration in handling a child-survivor. In arriving at the best interest of the child, factors such as age, sex, cultural background, family background, past experiences and general environment should be taken into consideration. To this end, actors should adhere to the spirit and content of the Child Rights Law and seek professional advice from experts.
- The rights of the child should always be upheld in providing services, including their right to participate in decision making that will affect them.
- The child must be consulted and given all the information he/she needs to make an informed decision. Ability to provide consent depends on the age, mental capacity and maturity of the child-survivor and capacity to express him/her self. In the event of the decisions of the child not being in his best interest, the service provider should through a transparent manner take the child through the process of a better decision.
- Ensure the physical and emotional wellbeing of the child (both in the short and long term). In deciding the course of response, the least harmful course is always preferred.
- The child should be encouraged to express him/herself through the use of child-friendly techniques.
- The child should be listened to and believed; paying particular attention to their concerns and fears helps the child to feel secure.
- The interviewer should be empathetic.

- Interview should be in a friendly manner so that the child will speak in his/her own words, the child survivor should be helped to express him/herself. Interview can be recorded.
- When appropriate, there can be multi-disciplinary team around to listen to the child survivor.
- A child-survivor may be frightened and needs assurance of his/her safety, ensure the child is safe at all times, ensure that he/she is not placed in a situation of further risk of harm. Children, who disclose sexual abuse, need to be comforted, encouraged and supported. They should not be blamed for the incidence.
- Carry out a safety assessment for help from people who can provide security, such as police, elders and leaders within the community etc.
- Let the child know and understand that the information supplied by him/her will only be shared with their caretakers or other appointed legal guardian where it is safe to do so and if it will ensure the safety and security of the child.
- In instances where the law prescribes mandatory reporting, the child and his/her caregiver should be informed of this at the beginning of the process and carried along.
- Informed consent of the legal guardian of the minor must be obtained prior to any response service or sharing of information. Where, however, the perpetrator is the legal guardian or has the support of the legal guardian, this requirement should be waived.
- All children should be treated fairly and equally. No child should be treated unfairly for any reason.
- Assist children to heal and strengthen their resilience as each child has the capacities and strength to heal. As such, the service provider should build upon the child and family's strength as part of the recovery and healing process.



Girls and Boys

- For victims/survivors of sexual abuse, particularly rape, provide first line support response such as medical care which may help in preserving evidence and preventing post-exposure prophylaxis such as HIV:
- Minimize further trauma while interviewing and taking history.
- Service Provider must acknowledge that men and boys can be victims of GBV and as such require response and care. Service Provider should encourage the man/boy to freely express himself without giving him a condescending attitude.
- Make them realize that men and boys can be victims of GBV and that seeking help is the right thing to do.
- They should be believed and made to feel safe and cared for.
- They should not be shamed or made to look less 'manly' for their disclosure.
- Build their trust; let them know that their case will be handled confidentially. This is very important to men.
- Allow Male survivors choose the service provider they feel comfortable with.

People with Disabilities

People with disabilities are one of the most vulnerable groups of GBV. WHO reports that persons with disabilities experience violence 4 to 10 times more than people without disabilities. Perpetrators of these abuses are often family members and people close and known to the survivor. The situation is more precarious for people with mental health challenges such as schizophrenia, PTSD, chronic depression etc. or intellectual impairments such as autism, ADH disorder, Bipolar, Down's syndrome, Fragile X Syndrome, etc.

People with disability have the right to access to GBV services without discrimination. Hence, the general guidelines stated should be duly considered in providing response to persons with disabilities in GBV programmes.

- Respect for the principle of participation and inclusion in treating persons with disabilities. This principle aims at engaging persons with disabilities in wider society and in making decisions that will affect them. It also encourages them to be active in their own lives within the community.
- Focus should be on the whole person and not the survivors' disabilities. People with disabilities have identities such as mothers, friends, leaders, neighbours, etc.
- Support people with disabilities to develop their own sense of agency and power to make their own decisions. However, do not assume for a survivor with disability what they want or feel; rather explore with them to identify their concerns and interests and give them opportunities as is given to other GBV survivors.
- In responding to persons with disabilities, work with their family members (non-perpetrating) as well to identify their skills and capacities, using this to inform, implement and evaluate the GBV programme that will be designed for them.
- Ensure physical access and adapt office environment e.g. entrance and other physical structure within and around the GBV actors and service providers to accommodate needs of people with disability, e.g. having a ramp at the entrance.
- Specific considerations need to be considered while communicating with people with disabilities and/or providing services to them. Make provision for experts and professionals to aid communication with people with special communication needs.

REFERENCES:

Strengthening Community-Based Child Protection Referral Pathways: A Resource Manual (2018) Retrieved From https://resourcecentre.savethechildren.net/library/strengthening-community-based-child-protection-referral-pathways-resource-manual

Strengthening Referral Pathways For Children And Adolescents Affected By Sexual Violence. (2019) Retrieved From https://www.crs.org/sites/default/files/tools-research/4c_strengthening_referral_pathways.pdf

Strengthening Referral Pathways For Children And Adolescents Affected By Sexual Violence: Lessons From Kenya And Uganda (2019) Retrieved From https://childhub.org/en/child-protection-webinars/strengthening-referral-pathways-children-and-adolescents-affected-sexual

GBV REFERRAL PATHWAYS South West - Cameroon Directory Of Service Providers 2nd Edition GBV Https://Fscluster.Org/Sites/Default/Files/Documents/Sw_Gbv_Referral_Pathways_-_April_2020-_Rev.Pdf

Standard Operating Procedures For Prevention Of And Response To Gender-Based Violence The Humanitarian Operation Adamawa State Nigeria. Retrieved From https://reliefweb.int/sites/reliefweb.int/files/resources/adamawa_state_gbv_response_sop_final.pdf

Standard Operating Procedures for Gender-Based Violence Prevention and Response GBV-Sub Cluster (Turkey Hub – Syria) (2016) Retrieved From https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/sop_gbv_english.pdf

Levy, Marcy, Lyn Messner, Malia Duffy, And Jennifer Casto. 2016. Strengthening Linkages Between Clinical And Social/Community Services For Children And Adolescents Who Have Experienced Sexual Violence: A Companion Guide. Arlington, VA: Strengthening High Impact Interventions For An AIDS-Free Generation (Aidsfree) Project. http://www.togetherforgirls.org/wp-content/uploads/2016.2.1_aidsfree_comp_guide_gender_tagged.pdf

APPENDIX 1

CHILD PROTECTION NETWORK (CPN) L AGOS STATE EXECUTIVE COUNCIL			
CONTACT PERSON	**DESIGNATION**	**EMAIL ADDRESS**	**PHONE NUMBER**
Aderonke Oyelakin	State Coordinator	cpnlagos@yahoo.com, ronke.oyelakin@pbofoundation.org	08034312243, 08093933439
Mr Lateef Akinborode	Deputy State Coordinator	cpnlagos@yahoo.com	08033009523
Olayemi Aileru	Treasurer	cpnlagos@yahoo.com	
Olajumoke Matilda Otitoloju	Welfare Coordinator	cpnlagos@yahoo.com	07083350451
Awofeso Rasheed	General Secretary	cpnlagos@yahoo.com	

CHILD PROTECTION NETWORK (CPN) LAGOS STATE NGO MEMBERS LIST				
S/N	**ORGANISATION**	**LOCAL GOVERNMENT AREA**	**CONTACT NO**	**EMAIL**
1	CHAMAGNE FOUNDATION	AGEGE/IFAKO IJAYE	08069806762	chamagnefoundation@yahoo.com
2	CHOSEN CHILD ORPHANAGE& CARE CENTRE	AJEROMI IFELODUN	08034266283	Chosenchildorphanage61@gmail.com
3	RHODA HAVEN	AJEROMI IFELODUN	08030471680	rhodahaven@gmail.com
4	COMPASSIONATE OUTREACH	ALIMOSHO	08165505126	homelesspassion@yahoo.com
5	THE WOMEN HELPING HAND INITIATIVES	ALIMOSHO	08023203319	info@twhhi.org
6	WOMEN'S RIGHTS AND HEALTH PROJECT (WRAHP)	ALIMOSHO	07011948577	Whr.project@yahoo.com
7	JASHABEL TOUCH-A-HEART FOUNDATION (JTAH)	ALIMOSHO	08033513800	info@jthfoundation.org
8	AJOKE AYISAT AFOLABI FOUNDATION	ALIMOSHO	08175951122	Aaafoundation2007@yahoo.com
9	BESTSPRING CHILDREN AND YOUTH DEVELOPMENT FOUNDATION	ALIMOSHO	08023424664	bestspringfoundation@yahoo.com
10	GOOD WOMEN ASSOCIATION	ALIMOSHO	08125238490	Goodwomenassociation575@gmail.com
11	CHILD FIRST WELFARE FOUNDATION	ALIMOSHO	07033305789	Info.childfirstwf@gmail.com
12	GOODLIVING INITIATIVES	AMUWO ODOFIN	08184314060	Glinigeria2012@gmail.com
13	RISK REDUCTION INITIATIVES AND SKILL EMPOWERMENT	AMUWO ODOFIN	08032010047	rise.ng@yahoo.com
14	PATRIOTIC CITIZENS INITIATIVES	AMUWO ODOFIN	08058219030	patrioticcentizeninitiative@gmail.com
15	GREENCARPET FOUNDATION	AMUWO ODOFIN	080270176778	greencarpetinternational@gmail.com
16	EGWU CARE FOUNDATION	AMUWO ODOFIN	08033064366	egwucaf@gmail.com
17	CENTRE FOR YOUTH INTEGRATED DEVELIOPMENT	BADAGRY	08068972134/	cyid_09@yahoo.com
18	CHRISTIANA FATE FOUNDATION	ETI OSA	08166655527	info@christianahfatefoundation.org

CHILD PROTECTION NETWORK (CPN) LAGOS STATE NGO MEMBERS LIST				
S/N	**ORGANISATION**	**LOCAL GOVERNMENT AREA**	**CONTACT NO**	**EMAIL**
19	OVIE BRUME FOUNDATION	ETI OSA	01 2702326	info@oviebrumefoundation.org@
20	IFEDOYIN AND FRIENDS CHARITY	ETI OSA	07083301224	ifecoagainstabuse@gmail.com
21	LIVINGSTONES OFF-THE-STREET INITIATIVE	ETI OSA	08037117956	livingstonesinitiative@gmail.com
22	STAND TO END RAPE	ETI OSA	08095967000	contactus@standtoendrape.org
23	HOPE FOR LIFE	ETI OSA	08091245717	aigmoru@gmail.com
24	COMMUNITY EMPOWERMENT FOR HEALTH INITIATIVE	ETI OSA	08023225321	cepinig@gmail.org
25	JISOLA CAREW FOUNDATION	ETIOSA	08055051713	famacarew@gmail.com
26	SMILE & SHINE CHILDREN FOUNDATION	ETIOSA	08160540979	smilechildren@yahoo.com
27	THE PUKICHE GIRL CHILD FOUNDATION	IBEJU LEKKI	08052612728	Thepukiechegirlchildfoundation@gmail.com
28	REGAMOS FOUNDATION	IBEJU LEKKI	08023300639	regamosfoundation@gmail.com
29	KAMSI CARITAS FOUNDATION	IBEJU LEKKI	07038103373	kamcarttas@yahoo.com
30	SAFFRON SOCIAL DEVELOPMENT GLOBAL FOUNDATION	IBEJU LEKKI	08090223384	saffronsdg@gmail.com
31	RADAR SOCIAL SERVICES	IKEJA	08028344298	roseadeosun@yahoo.com
32	O5 CENTRE FOR CHILDREN AND WOMEN	IKEJA	08023131315	ololade@againstchildsex.org
33	MIRABEL CENTRE(P4J)	IKEJA	07013491769	sarc@pjnigeria.org
34	IYANIWURA CHILDREN'S FOUNDATION	IKEJA	07083350451	iccfiyaniwura@gmail.com
35	SAFE HAVEN DEVELOPMENT	IKEJA	08094328178	savehavendevelopmentinitiative@gmail.com
	INITIATIVE			
36	FIRST WHIZKIDZ EDUCATIONAL FOUNDATION	IKEJA	08022514930	whizkidzfoundation@gmail.com
37	IYA CIRCLE FOUNDATION	IKEJA	08023064016	iyacircle@gmail.com
38	DON BOSCO BOYS HOME	IKEJA	08066158006	boscoboyshome@gmail.com
39	TRUE LEADERSHIP FOR GROWTH DEVELOPMENT AND PEACE INITIATIVE	IKEJA	08118881777	ojorojustice@yahoo.com
40	HUMANITY FAMILY FOUNDATION FOR PEACE & DEVELOPMENT(HUFFPED)	IKORODU	08037062369	huffpedlagos@gmail.com
41	COMMUNITY WOMEN'S RIGHT FOUNDATION	IKORODU	08033009523	Cwrf.ngo.nig@gmail.com
42	MARVELLOUS GRACE SUPPORT FOUNDATION	IKORODU	08083888403	info@hmgsf.org
43	IHUOMA GIRLS CARE AND SUPPORT INITIATIVE	IKORODU	08033181837	afkeneokafor@gmail.com

CHILD PROTECTION NETWORK (CPN) LAGOS STATE NGO MEMBERS LIST				
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44	TALENT PLUS RESOURCE INTERNATIONAL	IKORODU	08033307130	tri@talentplusng.org
45	TEENSPLIGHT FOUNDATION FOR HEALTH AND DEVELOPMENT	IKORODU	08030408576	teensplightmagazine@gmail.com
46	VIRGINSPRIDE	IKORODU	08028640565	virginspridenet@gmail.com
47	VISION SPRING INITIATIVE	IKORODU	08023412994	visionspringinitiatives@yahoo.com
48	CHILD LIFE LINE	KOSOFE	08055040741	childlifeline94@yahoo.com
49	ECHOES OF MERCY AND HOPE FOUNDATION	KOSOFE	08023128822	fola@soyeboandco.com
50	COMMUNITY HEALTH SUPPORT AND EMPOWERMENT INITIATIVE	KOSOFE	08035981104	cohsei@rocketmail.com
51	CHILDREN AND COMMUNITY PROTECTION NETWORK	KOSOFE	08171623945	awofesolola@yahoo.com
52	WOMEN CONSORTIUM NIGERIA (WOCON)	LAGOS ISLAND	08033347896	info@womenconsortiumofnigeria.org
53	WOMEN PROTECTION ORGANISATION	LAGOS ISLAND	07087908808	Wopott2013@gmail.com
54	FLOURISH INITIATIVES	LAGOS ISLAND	07065161828	flourishinitiative@gmail.com
55	RAISING CHAMPION CHILDREN NIGERIA	LAGOS ISLAND	08091730610	office@raisingchampionchildren.org
56	DEVELOPMENT SUPPORT INSTITUTION	LAGOS ISLAND	08023529698	devsupi@gmail.com
57	STREET CHILD CARE AND WELFARE INITIATIVE	MAINLAND	07034915500	all_comfort@yahoo.com,
58	JAKIN INITIATIVES	MAINLAND	07030333468	jakininitiative@yahoo.com
59	HUMAN DEVELOPMENT INITIATIVES	MAINLAND	08023205110	fowasanoye@yahoo.com
60	MAKOLO ANTHONY EMPOWERMENT	MAINLAND	07016661869	Imoleayomaria1@gmail.com
61	INITIATIVE FOR SUSTAINNG FAMILY UNITY	MAINLAND	08089804868	info@iforsfu.org
62	CENTRE FOR WOMEN'S HEALTH AND INFORMATION (CEWHIN)	MAINLAND	09074187490	cewhin@yahoo.com
63	GRACE SPRING REHABILITATION HOME	MUSHIN	08033925818	gracespringshome@tfolc.org
64	PASTOR BIMBO ODUKOYA FOUNDATION	MUSHIN	08035800201	Admin@pbofoundation.org
65	ORGANISATION FOR NON-FORMAL EDUCATION FOUNDATION	MUSHIN	08033302330	Onef2005@yahoo.com
66	LUCINA CARE INITATIVES	MUSHIN	08060602906	lucinahopelive@gmail.com
67	COMMUNITY AID DEVELOPMENT FOUNDATION (CADEF)	OJO	08034202377	cadefnigeria@gmail.com
68	PACESETTER INITIATIVES	OJO	08139411508	pacesettersintegratedss@gmail.com
69	POSITIVE PROOF WOMEN HEALTH CARE EMPOWERMENT INITIATIVES	OJO	07066567087	popwhei@gmail.com

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71	SOS CHILDREN'S VILLAGE	OSHODI ISOLO	08107250702	Adelopo.Ayodeji@sos-nigeria.org
72	WEST END INTERNATIONAL	SOMOLU	08053116445	westendinter@yahoo.com
73	CECE YARA FOUNDATION	SOMOLU	09085592623	info@ceceyara.org
74	CHILD TO CHILD NETWORK	SURULERE	08033484510	childtochildnt@yahoo.com
75	YOUTH EMPOWERMENT FOUNDATION	SURULERE	09091111485	youthempowermet@yahoo.com
76	ENTERTAINMENT BUSTOP	SURULERE	08033086159	eboigbeeki@yahoo.com
77	CORRECTIONAL CENTRE AND HUMAN DEVELOPMENT	SURULERE	08184515808	Centre4correction@gmail.com
78	EAGLE EYE BEHAVIOURAL REORIENTATION INITIATIVE (EEBRI)	SURULERE	08121143111	theeagleeyebri@yahoo.com
79	GREENSPRING DEVELOPMENT INITIATIVE	SURULERE	08023287261	greenspringdevelopmentinitiative@yahoo.com
80	CELEBRAL PULSY CENTRE	SURULERE	08033482792	info@cpCentre.com.ng
81	DAVE ENECHUKWU FOUNDATION	SURULERE	08023020507	davenesfound@yahoo.com

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1	Agege	Abimbola Ojosipe	Chamagne Foundation	08069806762	chamagnefoundation@yahoo.com
2	Ajeromi/Ifelodun	Louisa Ayuba	Chosen Child Care Orphanage	08034266283	chosenchildorphanage61@gmail.com
3	Alimosho	Rev. Gabriel Oyedeji	Compassionate Outreach	08033021313	Compassionateorphanage@yaho.com
4	Amuwo Odofin	Susie Metu	Goodliving Initiatives	08033676987	glinigeria2012@gmail.com
5	Apapa	Baale Joseph Ogumola	CDC	08060060041	baalemarinebeach@gmail.com
6	Badagry	Ibraheem S. R	Gbaagi Youth	07044990985	semakoboy@yahoo.com
7	Epe	Tiamiyu Aishat	National Orientation Agency	08056201690	Acting on behalf of the CDC
8	Eti-Osa	Mary-Anne Bamgbose	Christiana Fate Foundation	08023036510	maryannebamgbose@gmail.com

CHILD PROTECTION NETWORK LAGOS STATE LGA COORDINATORS					
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9	Ibeju-Lekki	Bernice Ede	The Pukiche Girl Foundation	08032484788	Thepukiechegirlchildfoundation@gmail.com
10	Ifako-Ijaye,	Kemi Alabi	Chamagne Foundation	07082109745	chamagnefoundation@yahoo.com
11	Ikeja	Ololade Hoctor-Fowobaje	OS Centre for Children	08023131315	ololade@againstchildsex.org
12	Ikorodu	Henry Adenugba	Humanity Family Foundation for Peace and Development	08037062369	huffpedlagos@gmail.com
13	Kosofe	Rasheed Awofeso	Children And Community Protection Network	08171623945,	awofesolola@yahoo.com
14	Lagos Island	Toyin Towobola	Women Protection Organization (WOPO)	08055459930	wopott2013@gmail.com
15	Lagos Mainland	Bukola Adebiyi	JAKIN Initiatives	07082227759	jakininitiative@yahoo.com
16	Mushin	Alhaja Riskat Yuxuf	Organisation For Non-Formal Education Foundation	08165540618	Onef2005@yahoo.com
17	Ojo	Evans Enwefah	Community Aid Development Foundation	08034202377	cadefnigeria@gmail.com
18	Oshodi, Isolo	Smith Okhionkpanmwonyi	SOS children's village.	08080641366	adelopo.ayodeji@sos-nigeria.org
19	Shomolu	Chioma Ileka	Cece Yara Foundation	07083456536	urunwaileka@gmail.com
20	Surulere	Toyin Ojejimi	CDC	0802306833	oluwatojinmi15@gmail.com

APPENDIX 2

SOME CSOS THAT PROVIDE SERVICES FOR CHILDREN IN LAGOS STATE				
SN	**AGENCY/ORGANISIATION**	**WEBSITE/EMAIL**	**PHONE NUMBER**	**ADDRESS**
1	Agatha Obiageli Aghedo Memorial Foundation	agathaobiageliaghedomf@gmail.com	0812 157 1944	5 Prince V. P Dike Avenue off Unipetrol Road, Satellite town
2	Cece Yara Child Advocacy Centre	help@ceceyara.org	0808 575 4226, 0800 800 8001, 0818 241 8824	2A, Akin-Ogunmade Davies Close, Gbagada Phase 2, Gbagada, Lagos.
3	Cece Yara Child Community Centre	www.ceceyara.org	0808 559 4141	20 Alli-Iwo St, Ijora, Lagos
4	Centre for Community Rights and Advocacy	centreforcra@gmail.com	08033960139	8/10, Orere Abosan Estate, Igbogbo, Ikorodu.Lagos.
5	Centre for Women's Health and Information (CEWHIN)	info@cewhin.com cewhin@yahoo.com	0907 4187 490	34 McNeil Road Sabo Yaba Lagos
6	Divine Heritage Children's Centre	http://www.divineheritagehome.org	8033064912	
7	Esther Child Rights Foundation	esther.child42@yahoo.com	8101508605	91 Abeokuta Expreessway Expressway, Pako Dopemu beside Zenith Bank Lagos
8	Human Development Initiative	info@hdinigeria.org hdi4nigeria@gmail.com	0808-0551-376	2 Iwaya Rd, Onike, Yaba
9	Lagos State Domestic and Sexual Violence Response Team (DSVRT)	dsvrt@lagos.gov.ng	0813 976 0048	Lagos State Ministry of Justice, State Secretariat Alausa, Ikeja
10	Lagos State Ministry of Youth and Social development	wapa@lagosstate.gov.ng	08085754226, 08102678443, 0808559414	Block 18, Lagos State Secretariat, Alausa, Ikeja, Lagos
11	Mirabel Centre	mirabelcentreng@gmail.com	0815 577 0000,	LASUTH, Ikeja General Hospital Road, Ikeja GRA, Ikeja
12	National Agency for The Prohibition of Trafficking in Persons.	olivia.okorondu@un.org	08121726544	165b Oba Ladejobi St, Ikeja GRA, Ikeja
13	Office of The Public Defender		0708 060 1080	8 Iyun Rd, Yaba, Lagos

SN	AGENCY/ORGANISIATION	WEBSITE/EMAIL	PHONE NUMBER	ADDRESS
14	Rescue Village Africa Initiative	info@rescuevillageafrica.org	08056961121	D2, Office 338, HPF Shopping Complex, Abraham Adesanya Ajah, Lekki - Epe-Expressway, Lagos State,
15	Right and Welfare of Traumatized wives and youths initiative (RAWTWAYI)	mbataadaku@yahoo.com	08037876976	
16	Seeds of Destiny Charity	jumokedarelawrence@gmail.com	0803241122	Block 399, Low Cost Housing Estate Oke-Afa, Isolo, Lagos.
17	Women at Risk International Foundation (WARIF)	info@warifng.org	0809-210-0008	6 Turton Street, off Thorborn Ave, Sabo Yaba, Lagos

APPENDIX 3

DEDICATED OFFICIAL LINES OF THE FAMILY SUPPORT UNIT POLICE STATION LAGOS STATE	
Nigerian Prisons Service	0803301052
Family Support Unit Ikorodu Police Station, Igbogbo	09062887849
Igando Police Station	0802 557 2555
Shogunle Police Station	08033137103
The Nigeria Police Station Area E	08066976427
Police Station Area H	08035693189
Central Police Station, Adeniji Adele	08035673189
Ilupeju Police Station	08081769648
Ajiwe police station Ajah	09062887848
Alakuko Police Station	09062887841
Nigerian Police Force Area G Command	09062887861
Amukoko Divisional Police Station	08081116394
Police Station Area B	08037222249; 08125271949
Bariga Police Post	08033117380
Cele Police Post	08023163237
Ketu Police Station	07032214614
Trinity Police Station	09062887853
Ikotun Police Station	08081769648
Gender Desk, Lagos State Police Command, GRA, Ikeja	09062887870
Ikeja Divisional Police Station (Area F)	0906 288 7853
Alausa Police Station	09062887863
Ogombo Police Station	08050599056
Moshalashi Police station	08034059022
Meiran Police Division	08035673189
Amikanle police post.	0803318347
The Nigeria Police Force,Okota.	08033011052
Police Station-Ketu	01 950 0144
Police Post Station - Idimu	09062887853

APPENDIX 4

LIST OF PRIMARY HEALTH CARE CENTRES		
The Lagos State Government in its bid to combat the menace of sexual abuse in the community has equipped all Flagship Comprehensive 24-Hour Primary Health Centre across the state with Rape kits, to offer immediate and prompt medical evaluation to survivors of sexual abuse.		
Ifako PHC (Flagship)	Agege	College Bus Stop, College Road Ifako, Ifako Agege, Lagos
Primary Healthcare Centre, Pen Cinema	Agege	Agege Local Government Maternity Centre, Ijaiye, Lagos
Olojowon Primary Health Centre	Ajeromi-Ifelodun	41, Olojowon Street, Badia Iganmu
Isheri-Oshun Primary Health Care Centre	Alimoso	Opp NNPC Filling Station, Isheri Osun Rd, Ijegun Lagos
Asiwaju Bola Tinubu Comprehensive Primary Health Centre Aboru	Alimoso	Alimosho, Lagos.
Bola Tinubu Akowonjo Primary Health Centre	Alimoso	Akowonjo Rd, Alimosho, Lagos
Amuwo Odofin Primary Health Centre	Amuwo-Odofin	41 Rd, Festac Town, Lagos
Ajara Flagship Primary Health Care Centre	Badagry	Wande St, Badagry
Epe Primary Health Care Centre (Maternity)	Epe	Epe, Lagos
Eti-Osa Primary Health Centre	Eti-Osa	1B Muri Okunola St, Victoria Island, Lagos

Badore Primary Health Centre	Eti-Osa	Addo Rd, Lambasa, Lagos
Ikate Primary Health Centre	Ibeju/Lekki	Oba Yekini Elegushi Rd, Lekki Penninsula II, Lagos
Primary Health Centre, Imota, Ikorodu	Ikorodu	Ebute-Akebo Road, Ikorodu.
Lagos State Primary Health Centre, Ita-Elewa	Ikorodu	Oriwu Road, Ikorodu.
Primary Health Centre, Imota, Ikorodu	Ikorodu	Ebute-Akebo Road, Ikorodu.
Ogudu Primary Health Centre	Kosofe	175, Ogudu Rd, Ogudu, Lagos
Agboyi-Ketu Primary Health Centre	Kosofe	21 Akintan St, Ketu, Lagos
Sura Primary Health Centre	Lagos Island	5 Simpson St, Lagos Island, Lagos
Lagos Island Primary Health Care Centre	Lagos Island	11 Gbenga Shabi St, Oworosoki, Lagos
ijora Oloye Primary Health Centre	Lagos Island	17 Ijora Cause Way, Ijora Olopa, Lagos
Ayantuga Primary Health Care Centre	Mushin	49, Ayantuga Street, Mushin Lagos.
Palm Avenue Primary Health Centre	Mushin	Mushin/Atewolara, Mushin, Lagos
Ojo primary health Centre	Ojo	Iyana Iba, Ojo, Lagos
Oto-Awori/ Ijanikin Primary Health Centre	Ojo	111 Lagos - Badagry Expy, Ojo, Lagos
Layeni Primary Health Care Centre	Ojo	Ojo Rd, Alaba, Lagos
Oshodi - Isolo Primary Healthcare Centre	Oshodi	Oshodi, Ogunlana St, Mafoluku Oshodi, Lagos

CEWHIN

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